

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/576,795
	Filing Date	21 April, 2006
	First Named Inventor	SHIFF, Yoni
	Title	SYSTEM AND METHOD FOR THE RED
	Art Unit	
	Examiner Name	
	Attorney Docket Number	4357/3.1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
Name	Date
Title and Company	Telephone

Yoni Schiff  
CEO Cellvine LTD

Dec 24, 09  
Cellvine Ltd.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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